

## PENINSULA MEDICAL RESERVE CORPS (MRC)

Peninsula Health District, Hampton Health District & Three Rivers Health District

## **Preliminary VOLUNTEER Application**

DEPARTMENT OF HEALTH

Nam		liddle	Last		
Street Address:					
City:	County:		State:	Zip:	
Hom	ne E-mail:	Work E-mail:			
Cell	phone: ( )	Home phone:	Home phone: (		
Emp	oloyer:	_ Job Title:			
Emp	oloyment Status:     Full-time	Part-time [	Retired	Unemployed	
	Poquoson Three Rivers Health Dis	York County  trict (Essex, Gloucester Middlesex, Northu	James City County r, King & Queen, King Wil umberland, Richmond, &		
	se mark the following positions that you have Physician Speciality: Physician Assistant RN	Your professiona Your CPR licens Please list any to	al license is: Active	re Inactive NA ont Expired NA or qualifications that he MRC unit.	
	Administration, Logistics or Coordination Support Teacher, Health Educator or Interpreter Telecommunication & IT Support Other:	additional volunteer background checks	information. Some volun s. The Virginia Departme y use your personal inforr	e a copy of all licenses and ateer positions may require ant of Health respects your mation as it directly relates	
Please return this form to the PENINSULA Medical Reserve Corps Unit at:					

Thank You for your interest in the MRC program.

416 J. Clyde Morris Blvd, Newport News, VA 23601 or fax to (757) 594-7714 For more information call Jennifer Freeland, MRC Coordinator, at (757) 594-8045

E-mail jennnifer.freeland@vdh.virginia.gov or visit www.vdh.virginia.gov/MRC